

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

OPERATING WITHOUT A
BUSINESS LICENSE

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Breakfast Baskets Inc
BUSINESS STREET (ADDRESS): 6050 SW 55 PL ZIP 33314
BUSINESS MAILING ADDRESS: 6050 SW 55 PL ZIP 33314
BUSINESS PHONE: 954 321 6335
DESCRIBE TYPE OF BUSINESS: GIFT BASKET INDUSTRY
BUSINESS IS: Corporation ☒ Sole Proprietor ☐ Partnership ☐

| Owner/Officer (s) | Home Address | City/Zip | Phone# |
|----------------------|----------------------|--------------------|---------------------|
| 1. <u>Roxana Pio</u> | <u>6050 SW 55 PL</u> | <u>DAVIE 33314</u> | <u>954 583 1977</u> |
| 2. _____ | _____ | _____ | _____ |

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, _____, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Roxana Pio, President
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

| | | | | | | | |
|--|---------------------------|-----------------------|---------------------------------|------------------|------------|-----------|-------------|
| Office Use Only: Date _____ | | Category <u>01400</u> | Fee Exempt per Sec. 13-13 _____ | Fee <u>88.20</u> | Rec# _____ | New _____ | Trans _____ |
| License # <u>0216280</u> | Control # <u>13563</u> | Zoning <u>A-1</u> | | | | | |
| Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ | Zoning Approval <u>AB</u> | | Date <u>1/31/02</u> | | | | |
| Town Council Date _____ | Approved _____ | Denied _____ | | | | | |
| Tabled To _____ | Approved _____ | Denied _____ | | | | | |
| OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____ | | | | | | | |

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION